AMENDMENTS TO THE CLAIMS

The following listing of claims will replace all prior versions and listings of claims in the application.

LISTING OF CLAIMS

1. (Currently Amended) A method of optimizing a workers' compensation claims management process, which contains files relating to a workers' compensation claim of an injured or ill individual comprising the steps of:

reviewing the workers' compensation claims management process to determine if best practices are being followed; and

amending the workers' compensation claims management process by implementing the best practices into the workers' compensation claims management process;

monitoring the amended workers' compensation claims management process to determine if the best practices are being followed, wherein the best practices essentially consist of: within 14 days of a claim initiation determine whether a first payment should be made from the evidence in the file, determine whether there is a thorough knowledge and thought process with respect to file notes and an action plan with the file, ordering of a report which would give information if the employee has ever filed a workers' compensation claim within the United States in the past within 48 hours of the date of a report of an accident, set within 5 days from the date of accident the initial reserve, the file is maintained in a neat chronological order, the file contains all pertinent documentation, report must include all known facts, within 45 days from the date of the accident the reserves must be reviewed and adjusted based upon additional

known facts, and at the time of the review of the file the reserves should reflect an expected value based on the known facts; and

workers' compensation claims management process to determine if the best practices are not being followed and to generate a report indicative thereof.

- 2. (Canceled)
- 3. (Canceled)
- 4. (Currently Amended) The method of claim 1 wherein the best practices <u>further</u> are <u>selected from the group</u> consisting of: <u>reserve changes must be</u> properly <u>documented documenting reserve changes</u> within the file and reserve history, <u>reserve changes must be explained explaining reserve changes</u> in detail to provide an accurate timely basis of value, reserves must not deviate more than 10% of the reserve value at 12 months, <u>and</u> a complete reserve analysis worksheet must be part of the computer file notes and paper file <u>or combinations thereof</u>.

- 5. (Currently Amended) The method of claim 1 wherein the best practices are selected from the group consisting further consist of: determining whether a report is properly housed and noted within a computer file, determining whether medical information is updated within 30 days, determining if any adjustment to a treatment plan must demonstrates a strong evaluation of the medical information including follow-up with the medical personnel and employer and employee, timely recontacting of the employee employer and medical provider, timely exploration of light duty return to work must be properly documented, the timely development and execution of a return to work plan is performed and properly documented, and timely and appropriate assignment of light duty work, or combinations thereof.
- 6. (Currently Amended) A method of optimizing a workers' compensation claims management process, which contains files relating to a workers' compensation claim of an injured individual comprising the steps of:

an injured employee a plurality of questions, wherein the plurality of questions essentially consist of: education level; job title; job description; date of injury; date reported to supervisor/employers; ask questions about the incident that caused the injury; what happened, when, how, where; anyone else involved; anyone witness the incident; describe your injury; do you think you could have prevented the incident from happening; what medical treatment did you receive, by who, when; when is your next appointment; do you have any physical restrictions; are you currently taking any type of medication, if yes, what; did you ever have any problems with your body part before, if

yes - try to find out what, how, when; have you ever had any other work related injuries; how are you feeling now; are you comfortable with your primary medical provider; do you have any allergies; have you ever had any surgeries, serious illness, what, when, why; do you consider yourself to be normally healthy; how are your eating habits; do you have any hobbies; what do you do for recreation; do you smoke, how long, how much; do you drink, how much; do you get along well with the people at work; are you looking forward to returning to work; and do you have any questions or concerns regarding your claim; If the claim is high risk, having a nurse conduct conducting a three point interview within 72 hours of an injury; and

monitoring utilizing a computer to monitor a claim at periodic intervals and generate a report related to the claim.

7. (Canceled)

- 8. (Original) The method of claim 6 wherein determining whether a claim is classified as high risk includes asking an employer a plurality of questions.
- 9. (Original) The method of claim 6 wherein determining whether a claim is classified as high risk includes asking a medical professional treating the injured employee a plurality of questions.

10. (Canceled)

- 11. (Currently Amended) The method of claim 8 wherein the plurality of questions asked the employer are selected from the group consisting essentially consist of: what is name of person you are talking with, date and time; employees name, date of hire; job title; job description, including responsibilities and physical requirements; home address, telephone number; description of injury, was employee sent directly to primary medical provider, If yes who; results of primary medical provider's evaluation, diagnosis, restrictions, if known, treatment plan, prognosis, Is employee currently back to work, what job; If employee is not working, why not, restrictions unable to be met; what type of employee has he been during the past; attitude/relationship with supervisor, management, co-workers, attendance pattern; any recent disciplinary problems, If yes, what; and combinations thereof.
- 12. (Currently Amended) The method of claim 9 wherein the plurality of questions are selected from the group consisting essentially consist of: when did you first see employee, diagnosis, prognosis, what is your current treatment plan for employee, when did you last see employee, considering the description of the accident/incident, and do you believe the medical condition is the result of the incident, or combinations thereof.

13. (Currently Amended) The method of claim [[7]] 6 further including the steps of:

implementing best practices into the workers' compensation claims management process;

utilizing a computer system to monitor monitoring the amended workers compensation claims management process to determine if the best practices are being followed; [[and]]

implementing best practices into the workers' compensation claims
management process;

monitoring the amended workers' compensation claims management process to determine if the best practices are being followed; and

using the computer system to closely monitoring monitor a specific case within the workers' compensation claims management process to determine if the best practices are not being followed, and generate a report indicative thereof.

14. (Canceled)

15. (Currently Amended) The method of claim [[7]] 6 further comprising the step of closely monitoring a specific case within the workers' compensation claims management process to determine if the best practices are not being followed if the claim is classified as a high risk.

- 16. (Currently Amended) The method of claim [[10]] 6 further comprising the step of closely monitoring a specific case within the workers' compensation claims management process to determine if the best practices are not being followed if the claim is classified as a high risk.
- 17. (Original) The method of claim 11 further comprising the step of closely monitoring a specific case within the workers' compensation claims management process to determine if the best practices are not being followed if the claim is classified as a high risk.